

Campus Tobacco: 101

1) Which of the following statements best describes you? (Check all that apply)

- ☐ I have never smoked
- ☐ I currently smoke/use tobacco products*
- ☐ I am planning to quit*
- ☐ I am planning to quit within the next 30 days*
- ☐ I have attempted to quit before*
- ☐ I have quit but feel I may start again*
- ☐ I have quit and am confident I will stay quit

***If you currently use tobacco please answer the following question**

On a scale of 1 to 5 how strong is your desire to quit right now?

(Low) 1 2 3 4 5 (High)

2) Is tobacco use a problem on your campus?

- ☐ Yes
- ☐ Somewhat
- ☐ No
- ☐ Don't know

3) Does your campus offer services to help people quit using tobacco?

- ☐ Yes
- ☐ No
- ☐ Don't know

4) The following would be helpful on campus: (Check all that apply)

- ☐ Resources to help people quit tobacco
- ☐ Health fairs/information booths
- ☐ A smoke free campus
- ☐ Media/Advertising Promoting Quitting (campus paper, radio, posters)
- ☐ Our campus doesn't need any tobacco prevention services
- ☐ Other _____

5) Is smoking a problem in any of the following places on campus? (Check all that apply)

- ☐ Building entrances
- ☐ Stairways/Elevators
- ☐ At or around designated smoking areas; "Smoke Shacks"
- ☐ Walkways
- ☐ Our campus does not have any place where tobacco smoke is a problem
- ☐ Other _____

6) Tell us a little about yourself. *You are....???* (Check all that apply)

- ☐ Male
- ☐ Female
- ☐ Medically Insured
- ☐ Student
- ☐ Faculty/Staff/Administrator
- ☐ Aged 18-24 years
- ☐ Employed (Part or Full-Time)
- ☐ African American/Black
- ☐ Asian/Pacific Islander
- ☐ Hispanic/Latino
- ☐ Native American/Alaskan Native
- ☐ Sexual Minority (Gay, Lesbian, Transexual, Bi-Sexual, Questioning)

Thank You !!!